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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/617,476	07/17/2000	Christine B. Sweetser	ANC07	7540
27863	7590	07/06/2004	EXAMINER	
MCNAIR LAW FIRM P.O. BOX 10827 GREENVILLE, SC 29603-0827			PORTER, RACHEL L	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 07/06/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/617,476

Applicant(s)

SWEETSER, CHRISTINE B.

Examiner

Rachel L. Porter

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 01 April 2004.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1 and 4-31 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1,4-31 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed 4/1/04. Claims 1 and 4-31 are pending. Claims 2-3 have been cancelled.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 1, 4-31 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim 1 recites "said nurse station receiving the client..." and "said practitioner station...for receiving the clients..." It is unclear to the Examiner how the practitioner or nurse stations "receive" a client. In particular, it is unclear whether the stations receive identifying information regarding the client (e.g. client ID, patient name, codes, the patient file) from one or more sources (a function performed by the workstation itself), or whether the Applicant intends to claim the physical arrival of an individual (i.e. a function which is not performed by the workstation and/or any claimed system component(s)).

A similar analysis may be applied to claim 16, which recites similar language ("receiving" a client). Furthermore, claim 16 recites "receiving said client...from either said client station and said nurse station." The use of the terms "either" and "and" in the current claim language is vague and indefinite because it is unclear whether the

Applicant intends to claim one of the listed options (i.e. from either said client station OR said nurse station) or both of the listed options.

Claims 4-15, 18-20 and claims 17-24 inherit the deficiencies of their respective independent claims through dependency, and are also rejected.

As per claim 25, it is unclear which stations are required/included as components in the Applicant's invention. In particular, claim 25 has been amended to recite "providing at least two of a client station, a nurse station, and a practitioner station..." As such the amended claim language does not require the presence of any particular station or all three of the stations. However, the method subsequently recites that various functions are performed at "said client station," "said nurse station," and "said practitioner station." It is therefore unclear whether all three stations are required for the recited method, or whether the method does require only two of the three station types listed.

Claims 26-31 inherit the deficiencies of claim 25 through dependency, and are also rejected.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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5. Claims 1,5-7,14,15,18, and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (US Patent No. 6,283,761) and Gombrich et al (USPN 4,857,716—referred to hereinafter as Gombrich).

As per claim 1, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner comprising:

- a healthcare network including at least a client station, a business station, a nurse station, and a practitioner station associated with said healthcare facility (Joao: col. 2, line 63-col. 3, line 6; col. 15, lines 6-53)
- a computer network having at least one central system computer with a computer readable medium; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)
- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for soliciting client information from a client at said client station regarding the client's health complaints and symptoms through a series of medical queries; (Joao: col. 19, lines 54-54; col.19, line 67-col. 20, line 7; col. 29, lines 28-34; see also Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)
- a real-time client record residing in said computer readable medium containing the client information in computer readable code;(Joao: col. 19, lines 32-40, line 65-col. 20, line 8)

- a plurality of said client stations for receiving clients entering the facility having computer terminals connected in said computer network, input devices located at said client stations connected to said computer terminal for receiving input from the clients to create said client record and an identification input device at said client station for inputting a computer readable client ID code into said client record identifying the client and operatively associating the client with the respective client record, (Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-40; col. 36, lines 31-44-patient entering information)

The client-server system includes a plurality of input "client stations" with a plurality of devices to allow the client (e.g. patient) to input identification information (e.g. social security number, account number) to access/create the patient record. (i.e. operatively associating record and ID) and a client station display monitor at said client station for displaying said medical queries whereupon client responses to said queries are input into said client (e.g. patient) record; (Joao: Figure 5; col. 14, lines 13-32, lines 49-58, col. 22, lines 11-63; col. 29, lines 29-55)

- said computer program directing the client to said business station in said facility network after responding to said medical queries --(col. 31, lines 11-25: depending on what services are required as determined by the patient Q &A, the patient accesses the payer/business station)
- said business station having an identification input device for accessing the client record by the client, and a terminal for generating client insurance and

business information for input into said client record in the form of computer readable business data and, establishing a level of service to be provided to the client while at said healthcare facility; (Joao: col. 13, line 66-col. 14, line 12; col. 21, line 25-col. 22, line 10; col. 24, lines 33-43)

- said computer program directing the client to an appropriate station depending on the responses to said medical queries and the level of service established after responding to said medical queries and providing said insurance and business information; (col. 29, lines 40-col. 31, line 60)
- said nurse station receiving the client (—see 112, 2nd rejection) after visiting said client and business stations; said nurse station having a computer terminal connected in said computer network with an identification input device for inputting the client's ID code to access the client record at the nurse station and collecting vital signs and other laboratory information from the client, and a nurse station input for inputting said information into said client record in the form of lab data; and (Joao: col. 12, lines 22-42; col. 13, lines 1-5; col. 16, lines 7-65; col. 19, lines 32-40; col. 23, lines 48-60; col. 25, lines 10-39—Joao teaches provider stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)
- said practitioner station at which a number of medical practitioners may be stationed for receiving the clients (—see 112, 2nd rejection) one of said business,

and nurse stations, said practitioner station having a computer terminal with an identification input device connected in said computer network for inputting said client ID code to access said client record and a display monitor for displaying said client record to one of the practitioners and the client during examination, and a practitioner station input device for inputting exam data originating at said practitioner station for being input into said client record, from said practitioner station;(Joao: Figure 4; col. 13, line 52-65; col. 20, lines 40-67; col. 21, lines 1-25; col. 23, lines 48-60; col. 24, lines 12-20; col. 25, lines 10-39, line 63-col. 26, line 6)

- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost and quality healthcare. (Joao: col. 18, line 50-65; col. 19, line 4-7)

Joao teaches the system of claim 1 explained above but does not specifically disclose that the client/patient accesses his/her patient record by using his/her ID code while at the nurse station and/or practitioner stations. However, Joao does disclose a system wherein users stations include identification input device for inputting a computer readable ID code identifying the client and a respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55) Gombrich teaches a system wherein the client/patient must grant user access to his/her medical records using his/her ID code (while he/she is present). (Gombrich: col. 5, lines 38-47; col. 8, lines 39-55; col. 12, line 64-col. 14, line 39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify

system of Joao with the teaching of Gombrich to allow patients to control access to his/her medical records by requiring the patient's presence when his/her ID code is entered. As suggested by Gombrich, one would have been motivated to include this feature to provide additional verification that the correct patient record is retrieved and to provide additional security by further limiting system access to authorized users.

(Gombrich: col. 2, lines 43-56)

Claim 1 further recites receiving a client at a nursing station and that the various "stations" (i.e. practitioner, client, business, and nurse stations), are all located inside a healthcare facility (i.e. the clients walk inside the facility during the healthcare process). Joao teaches a system which includes the recited stations which are communicatively linked via a computer network. The reference does not expressly disclose the location of the members of the healthcare network (i.e. inside a healthcare facility), but does disclose that the invention is intended to provide comprehensive patient healthcare data accessible to various members of the healthcare process from anywhere, at any time. (col. 2, lines 46-54; col. 5, line 60-col. 6, line 4) Gombrich discloses a system wherein the patient maybe sent to a nurse's station (col. 3, lines 49-55; col. 15, lines 9-16) and wherein the various stations of the healthcare process (e.g. practitioners, patients, nurses, billing stations) accessing the patient data via patient ID are all located inside a healthcare facility. (col. 2, lines 35-60; col. 5, lines 38-49; col. 7, lines 64-col. 8, line 3; Figure 15; col. 12, line 61-col. 13, line 65) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with teaching of Gombrich to allow

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the various healthcare stations to be located with the same healthcare facility. One would have been motivated to include this feature to facilitate the provision of a bedside electronic patient file for recording and recalling patient treatment (Gombrich: col. 3, lines 9-12) and the maintenance of a chronology of patient events (e.g. treatments, lab tests) (col. 3, lines 49-55)

As per claim 5, Joao and Gombrich teach the system of claim 1 wherein the practitioner station includes a computer terminal, display, monitor, an input device for inputting said exam data, and an identification device for identifying the client to access said client record. (col. 13, lines 52-65—one or more healthcare providers; col. 15, lines 54-58—security; col. 16, lines 42-46—patient record with identification information/social security; col. 20, line 40-col. 21, line 24—provider stations; col. 23, lines 48-60; col. 25, lines 25-39; col. 40, lines 3-12—ID cards). Joao does not expressly disclose that the practitioner stations are located in a plurality of examination rooms, but does disclose that the providers/practitioners use their stations to record examination findings. (col. 25, lines 25-39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to have provider stations stored in examination rooms. One would have been motivated to do this to facilitate the entry of comprehensive, accurate, and up-to-date patient information for access by other healthcare providers, payers, and other authorized parties. (Joao: col. 41, lines 41-55)

As per claim 6, Joao teaches that the providers included among the networked users/clients of the disclosed system include various therapists, (col. 12, lines 22-42;

col. 13, lines 1-7, lines 52-65) The Joao system also provides users with access to information on experimental treatments and alternative therapies. (col. 20, lines 9-19) (i.e. an alternative therapy station where the client may review alternative therapy options). Joao further discloses a computer terminal connected to the system computer for generating options data representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per claim 7, Joao teaches a system including a printed, take-home report based on said client record generated by said system computer upon termination of the client process in the facility for the client to take home. (Joao: col. 20, lines 20-33)

As per claims 14, Joao teaches a system wherein the system computer program includes a series of questions that prompt a response from the client regarding the reasons for the client's visit and health complaints. (Joao: col. 19, lines 59-64)

As per claim 15, Joao teaches a system wherein computer program instructions prompt a "yes" or "no" response from the client in regard to the questions regarding the reasons for the client's visit and health complaints. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

As per claim 18 Joao teaches a system including an ID input device for generating in a computer readable form said ID code; said ID code being input into said client record identifying the client and operatively associating the client with the respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55; see 112, 2nd rejection of claim 18) The client system includes a plurality of input devices to allow the client/patient to input identification information (e.g. social security number, account number) to access/create the patient record (i.e. operatively associating record and ID).

As per claim 20, Joao teaches the system of claim 18 including an ID input device for inputting said ID code from each of a client station, nurse station, and practitioner station for accessing said client record at each said station to input said client data, lab data, and exam data, respectively. (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches provider stations for inputting client data, vital signs and lab data/blood work into the patient record; col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7) It is respectfully submitted that the ability of the providers (e.g. nurses, physicians) to retrieve and/or update the patient's medical records necessitates the entry of client identification information.

6. Claims 4,11, and 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich, as applied to claims 1 and 18, in view of Mayaud (US Patent No. 5,845,255).

As per claim 4, Joao teaches a system including identification input devices, but Joao and Gombrich in combination do not specifically teach that the identification device comprises a fingerprint sensor for sensing the fingerprint of the client as said ID code. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 11, Joao teaches a system including identification input devices, but Joao and Gombrich in combination do not specifically teach that each of said client station, nurse station, and practitioner station comprises a finger insert sensor for reading the fingerprint of the client for generating an ID code for accessing the client record at each said station. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and a determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of

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the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 19, Joao and Gombrich in combination teach the system of claim 18 as explained in the rejection of claim 18, but do not specifically teach that the ID code comprises finger print data identifying the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

7. Claims 8-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich in further view of Yokota et al (US Patent No. 5,713,350—referred to hereinafter as Yokota).

As per claims 8 and 9, Joao teaches a system wherein said nurse station (i.e. provider station) comprises a plurality of devices for allowing the healthcare provider to input blood results and vital sign information (Joao: col. 19, lines 32-40; col. 23, lines 48-60), but Joao and Gombrich in combination do not specifically teach which collection and input devices are included. Yokota teaches an integrated healthcare system that includes a plurality of blood sampling and computerized blood analysis machines connected to a network to collect blood results on a patient (Yokota: Figure 3 and 7; col. 6, lines 1-30; col. 9, lines 35-66). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Yokota to include blood sampling and blood analysis machines at the provider/nurses stations. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information to other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

As per claim 10, Joao teaches a system that includes computerized machines for inputting patient vital sign data, Joao and Gombrich in combination but do not expressly disclose the types of machines included. (Joao: col. 19, lines 32-40; col. 23, lines 48-60) Yokota teaches a system that includes a hematology machine, blood pressure, pulse

and temperature machine, and blood chemistry analyses machine connected directly to said system computer for direct input of said lab data. (Yokota: col.5, lines 6-25; col. 6, lines 1-30) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Yokota to include a plurality of patient monitoring and analytical devices connected to the network. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information for access by other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

8. Claims 12,13,16,17,21-25, and 27-31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich, in further view of Campbell et al (US Patent No. 6,208,974—referred to hereinafter as Campbell)

As per claim 12, Joao and Gombrich teach the system of claim 1 as explained in the rejection of claim 1. Joao and Gombrich in combination do not expressly teach an emporium station, but Joao does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48) Furthermore, the system includes "supplying parties" that provide products required and/or recommended for care (i.e. having a store section for the purchase of health supplements, col. 31, lines 10-45; col. 32, lines 11-46). The supplying parties are connected to the computer network allow users to request data

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on the availability of recommended/required products. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) so that collaborative purchase decisions may be made while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and the emporium station including an emporium station input for inputting purchase data into said client record. (col. 24, lines 24-45) In the Campbell system, practice employees contact clients to help establish wellness plans (i.e. collaborative purchase decisions). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services. (Joao: col. 41, lines 34-40)

As per claim 13, Joao further discloses that the system includes educational videos to be viewed by clients and/or healthcare providers (i.e. viewing educational classes) (col. 18, line 50-65), but Joao and Gombrich in combination do not teach these educational classes as part of the emporium station. Campbell teaches a system that includes an emporium section wherein clients may view educational videos/classes. (col. 23, lines 61-67) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and

Gombrich in combination with the teaching of Campbell to the reasons provided in the rejection of claim 12.

As per claim 16, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner providing quality healthcare at lower costs comprising:

- a healthcare facility; including at least a client station, a business station, a nurse station, and a practitioner station associated with said healthcare facility (Joao: col. 2, line 63-col. 3, line 6; col. 15, lines 6-53)
- a computer network having at least one central system computer with a computer readable medium accessible at said client station, nurse station, and practitioner station; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)
- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for creating a real-time client record in computer readable code containing business and healthcare information of clients (Joao: col. 29, line 16-col. 30, line 21, lines 39-47)
- client data input into said client record including client responses to questions regarding the client's health state;(Joao: col. 19, lines 59-64;col. 28, lines 28-39)
- said computer program including computer readable instructions for generating diagnostic information regarding possible diagnoses of the client's health state based on said client data; (Joao: col. 25, lines 25-62). Joao teaches system that allows the users to establish the level of services required for a patient (col. 30,

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line 39-col. 32, line 63), and also provides pricing information for users regarding various services and health supplements (col. 31, lines 31-45).

- said nurse station for receiving said client from said client station, said nurse station having a computer terminal network with said system computer (col. 12, lines 22-42, lines 58-col. 13, line 7; col. 13, lines 39-51)
- lab data input into said client record once retrieved at said nurse station which includes the client's vital signs and other clinical information; (Joao: col. 12, lines 22-42; line 58-col. 13, line 7; col. 23, lines 48-60 Joao teaches provider stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)
- said practitioner station receiving said client (i.e. client data) from said client from either said client station or said nurse station having a computer terminal networked with said system computer; and a display monitor for displaying said client record to a medical practitioner and (col. 13, lines 52-65; col. 20, lines 40-67; col. 22, lines 54-57; col. 28, lines 10-39)
- exam data input into said client record once retrieved at said practitioner station including clinical and prescription information from said practitioner;(col. 25, lines 25-39, line 63-col. 26, line 9, lines 20-38)
- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost

and quality healthcare. (Joao: col. 18, lines 50-65; col. 19, lines 4-7; col. 26, lines 10-19)

Joao teaches the system of claim 16 explained above but does not specifically disclose that the client/patient accesses his/her patient record by using his/her ID code while at the nurse stations, lab stations and/or practitioner stations. However, Joao does disclose a system wherein users stations include identification input device for inputting a computer readable ID code identifying the client and a respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55) Gombrich teaches a system wherein the client/patient must grant user access to his/her medical records using his/her ID code (while he/she is present). (Gombrich: col. 5, lines 38-47; col. 8, lines 39-55; col. 12, line 64-col. 14, line 39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify system of Joao with the teaching of Gombrich to allow patients to control access to his/her medical records requiring the patient's presence when his/her ID code is entered. As suggested by Gombrich, one would have been motivated to include this feature to provide additional verification that the correct patient record is retrieved and to provide additional security by further limiting system access to authorized users. (Gombrich: col. 2, lines 43-56)

Claim 16 further recites receiving a client at a nursing or practitioner station and that the various "stations" (i.e. practitioner, client, business, and nurse stations), are all located inside a healthcare facility (i.e. the clients walk inside the facility during the healthcare process). Joao teaches a system which includes the recited stations which

are communicatively linked via a computer network. The reference does not expressly disclose the location of the members of the healthcare network (i.e. inside a healthcare facility), but does disclose that the invention is intended to provide comprehensive patient healthcare data accessible to various members of the healthcare process from anywhere, at any time. (col. 2, lines 46-54; col. 5, line 60-col. 6, line 4) Gombrich discloses a system wherein the patient maybe sent to the nurses' station (col. 3, lines 49-55; col. 15, lines 9-16) and wherein the various stations of the healthcare process (e.g. practitioners, patients, nurses, billing stations) accessing the patient data via patient ID are all located inside a healthcare facility. (col. 2, lines 35-60; col. 5, lines 38-49; col. 7, lines 64-col. 8, line 3; Figure 15; col. 12, line 61-col. 13, line 65) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with teaching of Gombrich to allow the various healthcare stations to be located with the same healthcare facility. One would have been motivated to include this feature to facilitate the provision of a bedside electronic patient file for recording and recalling patient treatment (Gombrich: col. 3, lines 9-12) and the maintenance of a chronology of patient events (e.g. treatments, lab tests) (col. 3, lines 49-55)

Claim 16 further recites that the system includes a display monitor for the practitioner and the client to view for joint collaboration. Joao and Gombrich teach the system of claim 16 as previously explained. Joao further discloses the practitioner station includes a display monitor, but does not expressly disclose that the monitor is used for the practitioner and client to view together (i.e. for joint collaboration).

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Campbell teaches a system wherein the practitioner stations include displays for viewing by the client (e.g. pet owner) to view patient/client information. (Figure 3; col. 12, lines 11-33; col. 19, lines 55-col. 20, line 6; col. 24, lines 10-33). The provider(s) and client (e.g. pet owner) may both view/select wellness options and items to be performed during an examination. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the method/system of Joao and Gombrich in combination with the teaching of Campbell to provide a display that allows providers and clients to view information together (i.e. for joint collaboration). One would have been motivated to do this so that both the provider and client may verify the accuracy of data provided in the client's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

As per claim 17, Joao teaches a system of claim 16 including business information data input into said client record at a business station that includes client insurance and business information in computer readable form. (Joao: col. 21, lines 25-67; col. 22, lines 1-10; col. 25, 45-53)

As per claim 21, Joao teaches the system of claim 16 including alternative therapy option data input into said client record in computer readable form representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per 22, Joao teaches a system wherein said lab data includes blood count and blood chemistry data input into said client record in computer readable form from remote computerized machines connected in said computer network with said system computer. (Joao: col. 13, lines 1-5; col. 16, lines 7-32, col. 20, lines 51-67; col. 23, lines 48-60)

As per claim 23, Joao and Gombrich teach a system of claim 16 as explained in the rejection of claim 16. Joao does not expressly teach purchased health supplement data input into said client record in computer readable form from an emporium station, (Joao: col. 24, lines 44-48; col. 31, lines 31-45; col. 32, lines 20-46), but does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48; col. 31, lines 10-45; col. 32, lines 11-46). Campbell teaches a system that includes an "emporium station" for accessing the client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) and inputting purchase data regarding health supplements (i.e. supplements to health plan) into the client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Campbell to include a system component/station to allow users to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40) and to provide comprehensive, accurate, and up-to-date patient information to

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providers, payers, or other intermediaries who access the system. (col. 41, lines 41-55)

As per claim 24, Joao teaches a system wherein said system computer program includes a series of questions that prompt a "yes" or "no" response from the client regarding the client's health state. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

As per claim 25, Joao teaches an integrated healthcare process for processing a number of clients in a client driven and timely manner while providing quality healthcare at low cost comprising:

- providing a healthcare facility including at least two of a client station, a nurse station, and a practitioner station; (Joao: col. 2, line 63-col. 3, line 6; col. 15, lines 6-53)
- providing a computer network, including at least one central system computer having a system computer program for soliciting client information from a client and creating a real-time client record accessible by the client as the client proceeds through the facility from station to station for healthcare; (Joao: col. 13, lines 29-38; col. 15, lines 18-47; col. 19, lines 32-40; col. 23, lines 26-39)
- initially creating a client record for a first time client by inputting client information and a client identification (ID) code into a client record data base at said client station, (Joao: col. 13, lines 29-38; col. 15, lines 18-47; col. 25, lines 10-53; col.

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- 26, lines 7-38, line 44-col. 27, line 45; col. 29, line 16-col. 30, line 21), said client subsequently accessing said client record on a subsequent visit at one of said stations in the healthcare facility by inputting said client ID code into a computer terminal (col. 2, line 55-col. 3, lines 3, line 45) at one of said stations to access said client record so that the client can add information to said client record, only after said client has accessed said client record using said client ID code. (col. 29, lines 16-45-patient provides information for medical history; col. 36, lines 31-42—symptom information from the patient updates client medical file)
- displaying a series of questions regarding the client's health state on a display monitor at a client station, and inputting responses to the questions from said client station into said client record; (Joao: col.19, lines 54-64—questionnaires; col. 29, lines 16-55; see also Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)
 - accessing said client record at a nurse station by inputting said ID code, and conducting tests and blood work on the client at the nurse station and inputting information regarding the client's vital signs and other laboratory information into said client record; (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches providers stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the

system include nurses, as well as physicians, therapists, and other medical specialists.)

- accessing said client record at a practitioner station by inputting the client's ID code and displaying said client record to a medical practitioner; (Joao: col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7)
- inputting exam data at said practitioner station representing healthcare information and prescriptions, if needed; (col. 19, lines 32-40; col. 23, lines 48-60; col. 25, line 25-col. 26, line 38)
- whereby an integrated healthcare process is provided for processing a number of clients with client participation and education facilitating an increased quality of health claim. (col. 18, lines 50-65; col. 30, line 39-col. 31, line 26)

Claim 25 recites that the various "stations" (i.e. practitioner, client, business, and nurse stations), are all located inside a healthcare facility. Joao teaches a system which includes the recited stations which are communicatively linked via a computer network. The reference does not expressly disclose the location of the members of the healthcare network (i.e. inside a healthcare facility), but does disclose that the invention is intended to provide comprehensive patient healthcare data accessible to various members of the healthcare process from anywhere, at any time. (col. 2, lines 46-54; col. 5, line 60-col. 6, line 4) Gombrich discloses a system/method wherein the various stations of the healthcare process (e.g. practitioners, patients, nurses, billing stations) accessing the patient data via patient ID are all located inside a healthcare facility. (col. 2, lines 35-60; col. 5, lines 38-49; col. 7, lines 64-col. 8, line

3; Figure 15; col. 12, line 61-col. 13, line 65) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with teaching of Gombrich to allow the various healthcare stations to be located with the same healthcare facility. One would have been motivated to include this feature to facilitate the provision of a bed-side electronic patient file for recording and recalling patient treatment (Gombrich: col. 3, lines 9-12) and the maintenance of a chronology of patient events (e.g. treatments, lab tests) (col. 3, lines 49-55)

Claim 25 also recites that the method allows for joint collaboration between practitioners and clients/patients. Joao and Gombrich do not expressly teach that the client and practitioner access the patient record for joint consultation and collaborative decision making at the practitioner station, but Joao does disclose healthcare providers retrieve patient medical history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8) Joao further discloses the practitioner station includes a display monitor, but does not expressly disclose that the monitor is used for the practitioner and client to view together (i.e. for joint collaboration). Campbell teaches a method which allows the practitioners and clients (e.g. pet owner) to view patient/client information. (Figure 3; col. 12, lines 11-33; col. 19, lines 55-col. 20, line 6; col. 24, lines 10-33). The provider(s) and client (e.g. pet owner) may both view/select wellness options and items to be performed during an examination. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the method/system of Joao and Gombrich in combination with the teaching of Campbell to provide a display that

allows providers and clients to view information together (i.e. for joint collaboration).

One would have been motivated to do this so that both the provider and client may verify the accuracy of data provided in the client's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

As per claim 27, Joao teaches a process including accessing said client record at an alternative therapy station by inputting said client's ID code and inputting alternative therapy choices including naturopathy and dietetic remedies into the client record based upon the client's decisions at the alternative therapy station. (Joao: Figure 1; col. 17, lines 25-61; col. 20, lines 9-19; col. 25, lines 10-col. 27, line 57; col. 29, lines 16-55 (client ID information); col. 30, lines 48-col. 31, lines 10) Joao discloses that the providers included among the networked users/clients of the disclosed system include various (alternative) therapists. (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65, i.e. an alternative therapy station) The patient and/or provider then access the system to locate services and/or specialists to provide the treatments sought by the patient (i.e. selected by the patient).

As per claim 28, Joao teaches a process including inputting blood analyses data directly from computerized machines into said client records at one of said client, nurse and practitioner station. (Joao: col. 19, lines 32-40; col. 23, lines 48-60)

As per claim 29, Joao and Gombrich teach a method of claim 25 for providing access to patient medical data as explained in the rejection of claim 25. Joao further teaches a process including inputting the client's choices of nutritional supplements

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into client record selected by the client (Joao: col. 31, lines 31-45, line 66-col. 32-46), but does not expressly teach that the client enters selections based on the client's review of his/ her client record at an emporium station. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17), making purchase decisions while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and for inputting purchase data into said client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services/nutritional supplement information products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40), thereby facilitating the offering, selling, buying, and/or trading of healthcare products. (Joao: col. 24, lines 44-48)

As per claim 30, Joao teaches a process including displaying a series of diagnostic questions regarding predetermined health and disease states on a display for the client to respond to, and inputting the client's responses to the questions from said client station into the client record. (Joao: col. 29, lines 16-55)

As per claim 31, Joao and Gombrich teach a process of claim 30 including processing the said client responses on the system computer and generating diagnostic data representing possible diagnoses of the client's health state and displaying said diagnostic data at the practitioner station. (Joao: col. 25, line 10-col. 26, line 19) Joao does not expressly disclose that both the medical practitioner and the client review the diagnostic data at the practitioner station, but does disclose healthcare providers retrieve patient medical history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8). Campbell teaches a method which allows the practitioners and clients (e.g. pet owner) to view patient/client information. (Figure 3; col. 12, lines 11-33; col. 19, lines 55-col. 20, line 6; col. 24, lines 10-33). The provider(s) and client (e.g. pet owner) may both view/select wellness options and items to be performed during an examination. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the method/system of Joao and Gombrich in combination with the teaching of Campbell to provide a display that allows providers and clients to view information together (i.e. for joint collaboration) at the practitioner station. One would have been motivated to do this so that both the provider and client may verify the accuracy of data provided in the client's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

9. Claim 26 is rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, Gombrich and Campbell, as applied to claim 25, in further view of Mayaud (US Patent No. 5,845,255).

As per claim 26, Joao teaches a method including inputting a client ID from client station, nurse station, and practitioner stations (Figure 3 and 5; col. 12, lines 22-42; col. 16, lines 42-46; col. 20, line 40-col. 21, line 25; col. 22, lines 11-63; col. 29, lines 16-55; col. 30, lines 23-34), but does not specifically disclose utilizing a fingerprint identification of the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Joao with the teaching of Mayaud to include fingerprint identification among the types of identification input used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

Response to Arguments

10. Applicant's arguments filed 4/1/04 have been fully considered but they are not persuasive.

(A) On pages 18-19, the Applicant argues that the Joao reference is non-analogous since it is intended to solve a different set of problems.

In response to applicant's argument that Joao is nonanalogous art, it has been held that a prior art reference must either be in the field of applicant's endeavor or, if not, then be reasonably pertinent to the particular problem with which the applicant was concerned, in order to be relied upon as a basis for rejection of the claimed invention. See *In re Oetiker*, 977 F.2d 1443, 24 USPQ2d 1443 (Fed. Cir. 1992).

In this case, the prior art is in fact in the same field of endeavor as the Applicant's invention. The present invention as claimed and the Joao reference are both directed toward integrated healthcare systems that include nurse, practitioner, business, and client/patient stations, and both rely on patient questionnaires/patient information to determine appropriate treatments and procedures for the patient. (Joao: col. 29, lines 24-40)

Moreover, the objects of the Joao system includes facilitating "quality, efficient information collection, processing and dissemination, efficient diagnosis and treatment, cost efficiency, cost containment, as well as many other benefits and advantages." (Joao: col. 2 , lines 46-50). Thus, the Joao system is directed toward solving at least some of the same problems (i.e. cost containment and ease of information dissemination) of the Applicant's invention, as described on page 3, lines 11-18 of the Applicant's specification. The fact that applicant has recognized another advantage which would flow naturally from following the suggestion of the prior art cannot be the basis for patentability when the differences would otherwise be obvious. See *Ex parte Obiaya*, 227 USPQ 58, 60 (Bd. Pat. App. & Inter. 1985).

(B) On pages 19 and 21, the Applicant argues that the Joao reference does not disclose a method that is client-driven or in which the patient must initiate access to his/her medical record.

In the recitation "client-driven" has not been given patentable weight because the recitation occurs in the preamble. A preamble is generally not accorded any patentable weight where it merely recites the purpose of a process or the intended use of a structure, and where the body of the claim does not depend on the preamble for completeness but, instead, the process steps or structural limitations are able to stand alone. See *In re Hirao*, 535 F.2d 67, 190 USPQ 15 (CCPA 1976) and *Kropa v. Robie*, 187 F.2d 150, 152, 88 USPQ 478, 481 (CCPA 1951).

Moreover, in response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted that the feature upon which applicant relies (i.e. a method in which the client must initiate access to his or her record at each station) is not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

(C) On pages 20-23, the Applicant argues that the system users in the Joao reference are all in remote locations, and that the Joao reference does not provide any suggestion that the recited stations are located in a (single) healthcare facility.

In response to the Applicant's arguments that the Joao reference does not disclose that the healthcare facility is of a singular and self-contained nature, the Joao

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reference suggests that the apparatus described in the specification may operate in a hospital and/or clinic (col. 2, line 63-col. 3, line 6). The reference further teaches that the stations, patient/client station, business/insurance station, and nurse/practitioner stations, are all operatively connected to one another via computer network (Figure 1; col. 13, lines 52-col. 16, line 37). It is noted that the Joao reference does not expressly disclose the location of each station. However, it is also respectfully submitted that the limitations regarding the physical proximity of the stations (as part of a self-contained healthcare facility) do not provide a patentable distinction over the prior art of record, particularly when the a primary goal of the Joao reference is to provide the various users with access to patient data from anywhere in the world. (col. 5, line 60- col. 6, line 4).

Moreover, in the current rejection of independent claims 1, 16, and 25, the Gombrich reference has been used to address the close physical proximity of members of the healthcare process (i.e. various stations in a healthcare facility). It should be noted that the test for obviousness is not that the claimed invention must be expressly suggested in any one or all of the references. Rather, the test is what the combined teachings of the references would have suggested to those of ordinary skill in the art. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981). The combined teachings of Joao in view of Gombrich have been applied to address the limitation that the various members of the health care process are located within a healthcare facility.

Conclusion

11. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Lubin et al (USPN 5,991,730) teaches a system and method for tracking patient flow in a medical facility.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are (703) 872-9306 for regular communications and (703) 872-9306 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703) 308-1113.

RP

RP

June 25, 2004


ALEXANDER KALINOWSKI
PRIMARY EXAMINER